Clear Form

1a. CONTACT PERSON FOR THIS ORDER Delia Desuyo 1b. ATTORNEY NAME (if different) Pamela K. Critchfield 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Attorney General's Office - 455 Golden Gate A Suite 11000 - San Francisco, CA 94102	HIS ORDER		CJA Pleas	CJA counsel please use Form CJA24 Please read instructions on next page.	se use Forn ctions on n	n CJA24 ext page.						<u>.</u>	
1b. ATTORNEY NAME (if differ Pamela K. Critchfi 4. MAILING ADDRESS (INCLUI Attorney General's Suite 11000 - San			2a. CONTACT PHONE NUMBER (415) 703-117	TACT PHONE NUMBER (415) 703-1174			d ga	aa.contact emalt Address delia.desuyo@doj.ca.gov	ANL ADDRI Jyo@d	ss oj.ca.gc	۸(
4. MAILING ADDRESS (INCLUI Attorney General's Suite 11000 - San	ent) ield		2b. ATTORNEY PH (415) 7	ATTORNEY PHONE NUMBER (415) 703-5952			38°	зь. аттокиеу емац Abbress pamela.critchfield@doj.ca.gov	MAIL ADDI ritchfie	tess d@doj.	ca.gov		
Attorney General's Suite 11000 - San	DE LAW FIRM NA	ME, IF APPLICABLE)		5. CASE NAME	\ME						6. CASE NUMBER	UMBER	
Sulle 11000 - Sall	Office - 4	55 Golden Gate	Avenue,	McInto	sh v. Ha	McIntosh v. Holder, et al.	<u>.</u>)-60 ၁	C 09-00750 CRB	SRB
-		201 94 102		8. THIS TR	ANSCRIPT OF	8. THIS TRANSCRIPT ORDER IS FOR:							
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)—Katherine Powell Sullivan	FOR FTR, LEAVE	BLANK AND CHECK BOX	()→ CJ FTR	O APPEAL O NON-APPEAL	PEAL	O CRIMINAL O CIVIL	☐ In forma ■ CJA: Do	☐ In forma pauperis (NOTE: Court order for transcripts must be attached) ■ CJA: Do not use this form; use Form CJA24)TE: Court orm; use F	order for tra orm CJA24	inscripts mu	ist be attac	hed)
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceed	D (Specify portio	n(s) and date(s) of proce	eding(s) for which	ing(s) for which transcript is requested), format(s) & quantity and delivery type:	equested), fo	ırmat(s) & quar	utity and deliv	ery type:	,			,	
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DATE JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF time) (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	ЕхРЕБІТЕВ (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:	, INSTRUCTIONS,	, QUESTIONS, ETC:											
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will	. & 12.) By signir	ng below, I certify that I v	ill pay all charges (deposit plus additional).	(deposit plus a	additional).				12. DATE	ATE			
11. SIGNATURE /S/ Par	/s/ Pamela K. Critchfield	Itchfield							////	07/25/2014	-		
DISTRIBUTION:		COURT COPY		TRANSCRIPTION COPY	ION COPY			O ORDER RECEIPT	EIPT		O ORI	ORDER COPY	